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9/11U.S. Department of Justice
United States Marshals ServiceFILED
WILLIAMSPORT
SEP 25 2014

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF GREGORY A. MILTON	COURT CASE NUMBER 1:13-CV-2673 YK
DEFENDANT UNITED STATES DEPARTMENT OF JUSTICE, BUREAU OF PRISONS ET AL	TYPE OF PROCESS COMPLAINT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE AT { MR. NORWOOD, DIRECTOR OF BOP (NORTHEAST REGIONAL OFFICE)
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 US CUSTOM HOUSE, CHESTNUT STREET AND 2ND STREET, 7TH FLOOR, PHILADELPHIA, PA 19106

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 385
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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>J. Brown</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J. Brown</i> C. Date of Delivery <i>7/18/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>Fold</p> <p>Mr. Norwood, NERO-BOP</p>		<p>Alternate Addresses</p>	

<p>Sign</p> <p>SP</p> <p>2. Article Number Iackn (Transfer from service label) number (Sign) PS Form 3811, February 2004 than 0...</p>		<p>7009 0820 0001 9428 8181</p> <p>Domestic Return Receipt <i>B-2673</i> 102595-02-M-1540</p>	
<p>Date</p>		<p>DATE 9/10/14</p>	

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
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Address (complete only different than shown above)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy		

FILED
WILLIAMSPT
SEP 25 2014U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

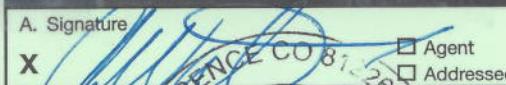
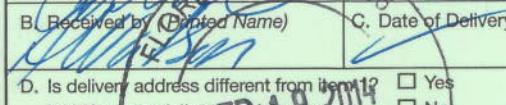
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF GREGORY A. MILTON	PER DEPUTY CLERK	COURT CASE NUMBER 1:13-CV-2673 YK
DEFENDANT UNITED STATES DEPARTMENT OF JUSTICE, BUREAU OF PRISONS		TYPE OF PROCESS COMPLAINT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE AT { CARL M. MIEDICH, USP FLORENCE
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
5880 STATE HIGHWAY 67S, FLORENCE, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
	1

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>SP All</p> <p>SP All</p> <p>Fold</p> <p>1. Article Addressed to:</p> <p>Carl Miedich USP Florence Florence, CO</p> <p>Sig</p>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery <u>SEP 19 2014</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <u>SEP 19 2014</u></p> <p>nd Alternate Addresses.</p> <p>Fold</p>	
		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>DATE 9/10/14</p> <p>W THIS LINE</p> <p>Date</p>	
<p>1. Article Number (Transfer from service label)</p> <p>2. Article Number (Transfer from service label)</p>		<p>7009 0820 0001 9428 8198</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt <u>13-2673</u> 102595-02-M-1540</p>	

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time
		<input type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy 

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS: 

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF GREGORY A. MILTON	COURT CASE NUMBER 1:13-CV-2673 YK
DEFENDANT UNITED STATES DEPARTMENT OF JUSTICE, BUREAU OF PRISONS	TYPE OF PROCESS COMPLAINT

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
C. DURAN-POLAND, USP FLORENCE
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
5880 STATE HIGHWAY 67S, FLORENCE, CO 81226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
	1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

SP
All

1. Article Addressed to:

C. Duran- Poland
USP Florence
Florence, CO

Sign

S

2. Article Number
(Transfer from service label)

2009 0820 0001 9428 8174

(Signature)

Domestic Return Receipt

13-2673

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

5880 STATE HIGHWAY 67S, FLORENCE CO 81226

SEP 19 2014

USPS

Agent

Addressee

B. Received by (Printed Name)

John Duran

C. Date of Delivery

SEP 19 2014

D. Is delivery address different from item 1?

If YES, enter delivery address below:

SEP 19 2014

USPS

3. Service Type

Certified Mail

Registered

Insured Mail

Express Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

DATE

9/10/14

W THIS LINE

Date

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

am
 pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

c/m - del 9-19-14 97

DISTRIBUTE TO:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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